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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/780594 |
| | Filing Date | 2/18/2004 |
| | First Named Inventor | Backes |
| | Art Unit | |
| | Examiner Name | |
| Total Number of Pages in This Submission | Attorney Docket Number | 160-057 |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Mary Steubing | |
| Signature | <i>Mary Steubing</i> | |
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Backes

Serial No.: 10/780594

Filed: 2/18/2004

Title: Program for Associating Access Points with
Stations Using Bid Techniques

Attorney Docket No.: 160-057

Group Art Unit:

Examiner:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 33212-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted before the mailing date of the first office action on the merits.

Applicant(s) submit herewith Form PTO 1449-Information Disclosure Citation together with copies, if required, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware. Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

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Date of Deposit: 10/26/04

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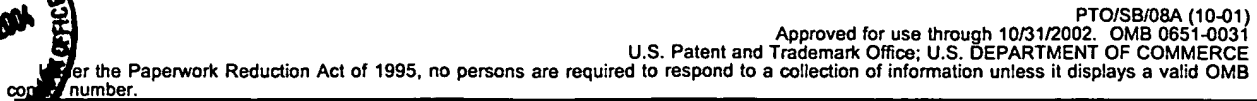
Signature: Mary Steubing

Respectfully submitted,

Mary Steubing
Mary Steubing Reg. No. 37,946
Attorney/Agent for Applicant(s)
Steubing McGuinness & Manaras LLP
125 Nagog Park Drive
Acton, MA 01720

Date: 10/22/04

Telephone No.: 978-264-6664



**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**
(use as many sheets as necessary)

Complete if Known

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| Application Number | 10/780594 |
| Filing Date | 2/18/2004 |
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| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 160-057 |

| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
|--------------------|-----------------------|--------------------------------------------|--------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|
| | | Number - Kind Code ² (if known) | | | |
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| | | Application Number | 10/780594 |
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| | | Group Art Unit | |
| | | Examiner Name | |
| | | Attorney Docket Number | 160-057 |
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| OTHER PRIOR ART – NON PATENT LITERATURE DOCUMENTS | | | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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